

# **North Carolina's System of Care for Children and Families**

## *Overview & Outcomes*

### **The Challenge**

It has been estimated that 4.5 to 6.3 million (one in five children and adolescents) under the age of 18 have serious unmet mental health needs in the United States. An estimated two thirds of all young people with emotional disturbance are not getting the help they need. Even more are receiving inappropriate care, many in excessively restrictive settings. In North Carolina, a conservative estimate of the number of children under 18 with serious emotional disturbances is between 173,069 and 207,683. North Carolina's Great Smoky Mountains Study (Costello & Angold, 1999) indicates that these children are at substantially greater risk for: school dropout, school expulsion, drug or alcohol abuse, unplanned teen pregnancy, and conviction of crimes.

Children with or at risk for serious emotional disturbances typically experience significant functional impairment in home, school and community settings, requiring that their families seek services from multiple public and private agencies. Unfortunately, the human service arena is often fragmented by separate agency mandates and funding streams, resulting in silos of disconnected services with multiple and even conflicting service plans. Since no one agency can adequately meet the complex and changing needs of these children and their families, children tend to 'fall through the cracks' between categorical agency services and are often placed out of their homes in order to gain access to safe and comprehensive care in one setting. Some families even give up custody of their children in order to obtain necessary services. There is a growing body of knowledge indicating that these children and their families can and should receive more effective care in their communities; care that is integrated and delivered within a context - a context of social environments including family, peer group, community, and their larger cultural and physical surroundings.

### **The System of Care as a Promising Solution**

A community-based System of Care is defined as a comprehensive spectrum of mental health and other necessary services and supports that are organized into a coordinated network to meet the diverse and changing needs of children and youth with mental health needs, and their

families. Since 1994, North Carolina, thanks to three federal Center for Mental Health Services grants, has had great success in addressing the mental health needs of children and families in 22 counties through locally-based Systems of Care. A System of Care is beneficial to families, agencies and communities because it enriches the array of community-based resources, reduces unnecessary separation of youngsters from their families, and actively supports the development of healthy and productive families. The Child and Family Services Section, Division of MH/DD/SAS, Department of Health and Human Services, in association with family members, Area Programs, DSS, DJJDP, the Governor's Crime Commission, DMA, DEI/E, DPH, DPI and others have embarked upon an ambitious effort to spread System of Care concepts and strategies across the state. *The bottom line is that the North Carolina System of Care is working across the country and in North Carolina.*

## Key Components in a System of Care

A System of Care, by definition, is customized to make use of a community's own resources to meet that community's specific needs. The configuration of the system, its resources and relationships are diverse and will vary. However, it is characterized by certain key components, and built upon a set of core values and guiding principles.

- **A Broad and Flexible Array of Services and Supports:** Children with serious emotional disturbances and their families need an array of residential *and* non-residential community-based service options that go well beyond traditional outpatient, inpatient, and residential treatment center services. In a System of Care the service array also includes (but is not limited to) services such as crisis outreach, home-based services, therapeutic family/foster care, family support and education, and respite to help ensure families' access to and benefit from community-based care when and where its needed.
- **Child and Family Teams:** Children with complex mental health needs and their families need a flexible mixture of formal agency services and informal supports (such as recreational clubs, mentoring by a family friend) in order to approach *seamlessness* in care. The Child and Family Team is the 'heart' of the System of Care, building a team unique for each family, comprised of those persons who are important in their everyday lives. Utilizing a wraparound approach, front-line service providers (in mental health, social services, schools, juvenile justice, health/primary care) and others who play a key role for the family work

together as one team with one primary plan. Families work as full partners with a case manager or service coordinator to ensure effective and accountable implementation of the plan.

- **Collaborative Management, Support and Accountability:** The comprehensive and effective care that families need requires a multi-agency and community effort. It requires that providers work together with families and communities in a reciprocal way – finding and building common goals, finding concrete ways to promote collaboration, implement best practices and decrease fragmentation instead of protecting turf and business as usual. In order for Child and Family Teams to succeed, community leaders and local agency decision-makers must also work together as a team. An essential component of a System of Care is a community coalition, (referred to in North Carolina as a Community Collaborative), that promotes and sustains necessary collaboration and change at the practice, program and system/policy levels. A Collaborative is a diverse governance team that brings together decision-makers and stakeholders to “drive”, manage, and monitor each community’s System of Care. A similar structure at the State level ensures that communities, their providers, children and families have the necessary support and resources to successfully implement their local System of Care.

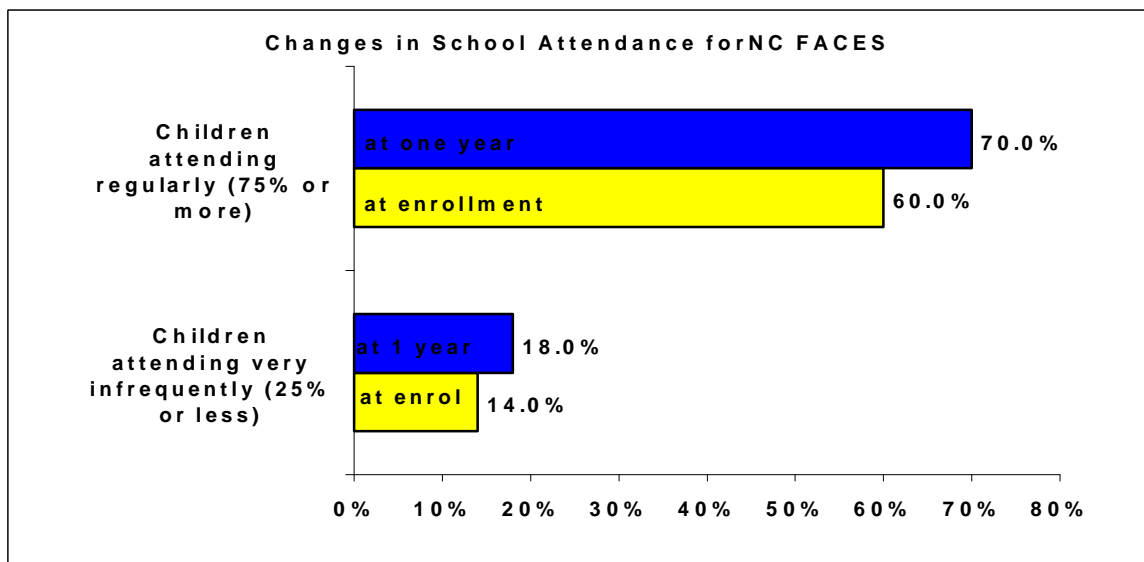
A System of Care emphasizes strengths and involves families as full partners in the care of their children as well as the improvement of the service system. When agencies, families and community stakeholders work collaboratively to blend funds, staff, and training resources, communities realize increased efficiencies in agency resources, time, and effort.

## **Improved Outcomes for Children and Families**

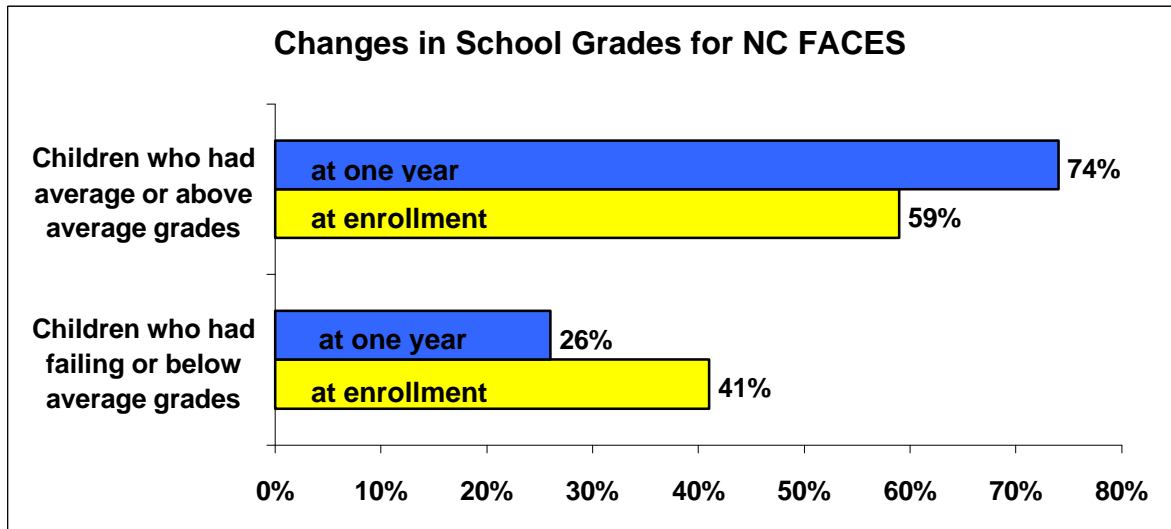
The US Congress requires that every System of Care grant site funded by the Center for Mental Health Services participate in a National Evaluation. Data gathered from the National Evaluation of grant communities, including the North Carolina FACES site, indicate improved school attendance and performance; reductions in the number of hospital and out-of-home residential placements; improvements in how children behave and function emotionally; reductions in violations of the law; and, increased services and supports to more children and families who need them. You will find data supporting these conclusions in the charts that follow. These findings are from the National Evaluation and the NC System of Care FACES site.

## SCHOOL PERFORMANCE IMPROVED

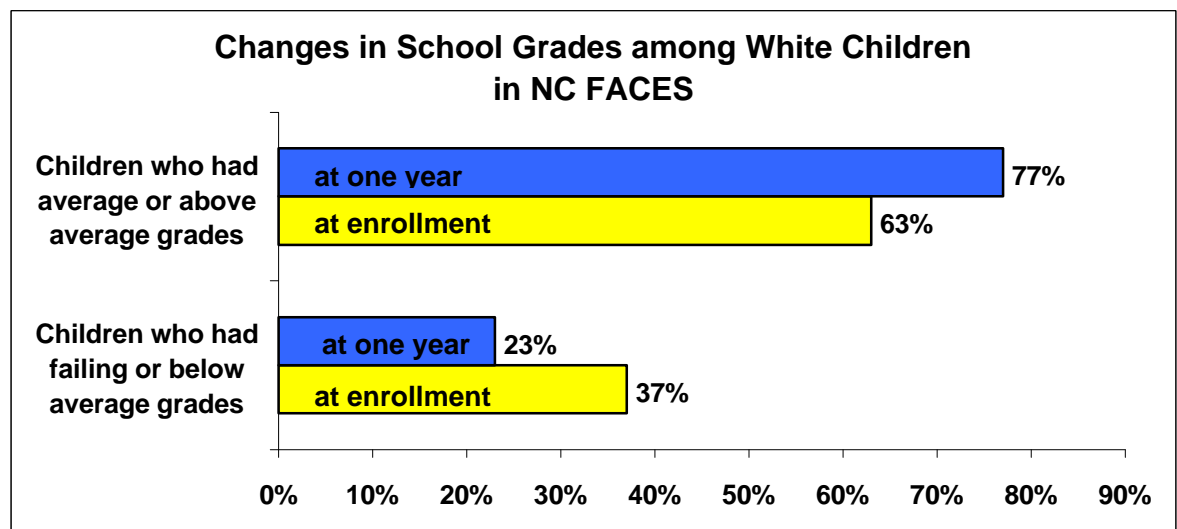
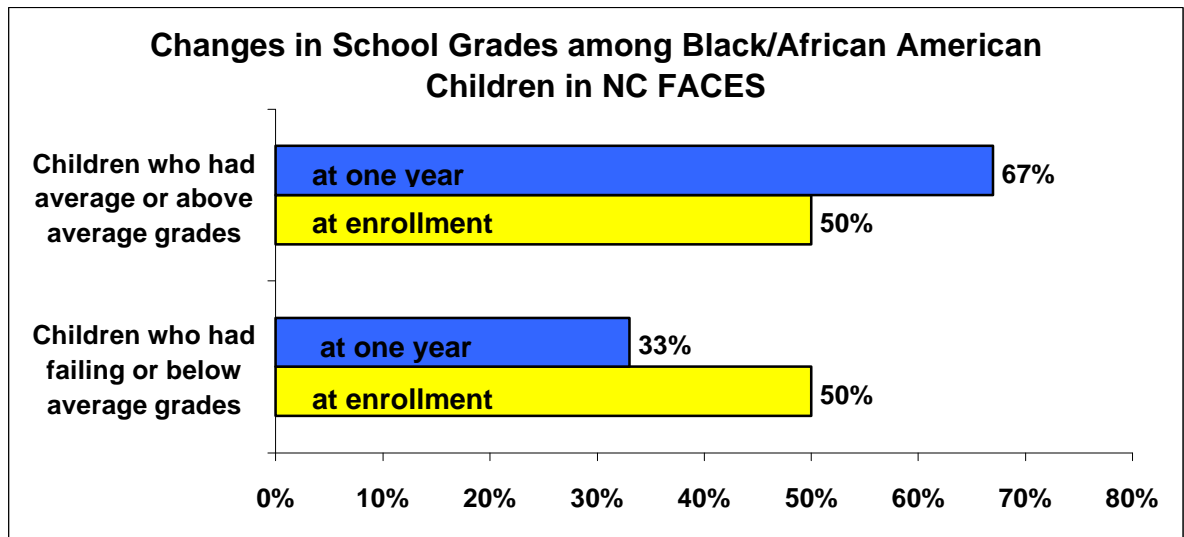
National data indicate that the number of children and adolescents whose grades were either average or above average increased by 12 percent after one year in a System of Care, such as that found in the NC FACES sites (Blue Ridge, Cleveland, Guilford and Sandhills Area Programs). The number of children or adolescents with failing or below average grades decreased by the same percentage (N=913) (Macro International, Inc, 1998).



The number of children and adolescents with average or above average grades upon enrollment in NC FACES increased by 15 percent after one year of enrollment in NC (N=106).

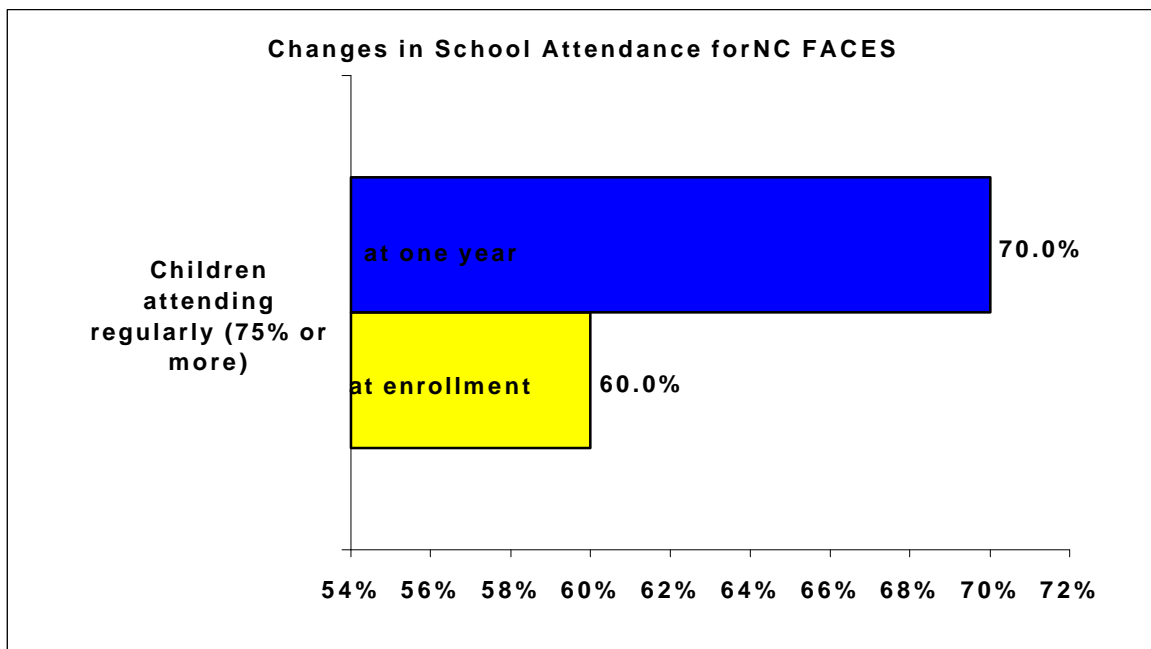
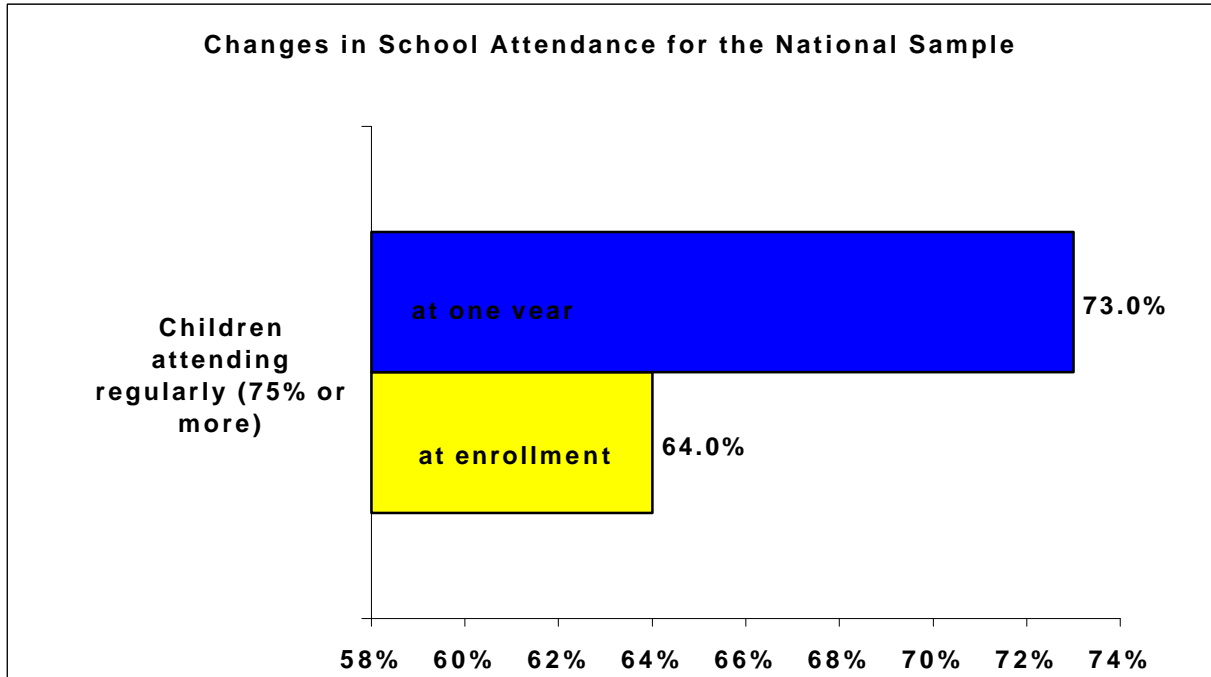


The rate of improvement in school performance was higher among African-American children than white children. The percentage that received average or above average grades increased by 17 percent for African-American children after one year of enrollment in NC FACES System of Care site. The increase was 14 percent among white children.



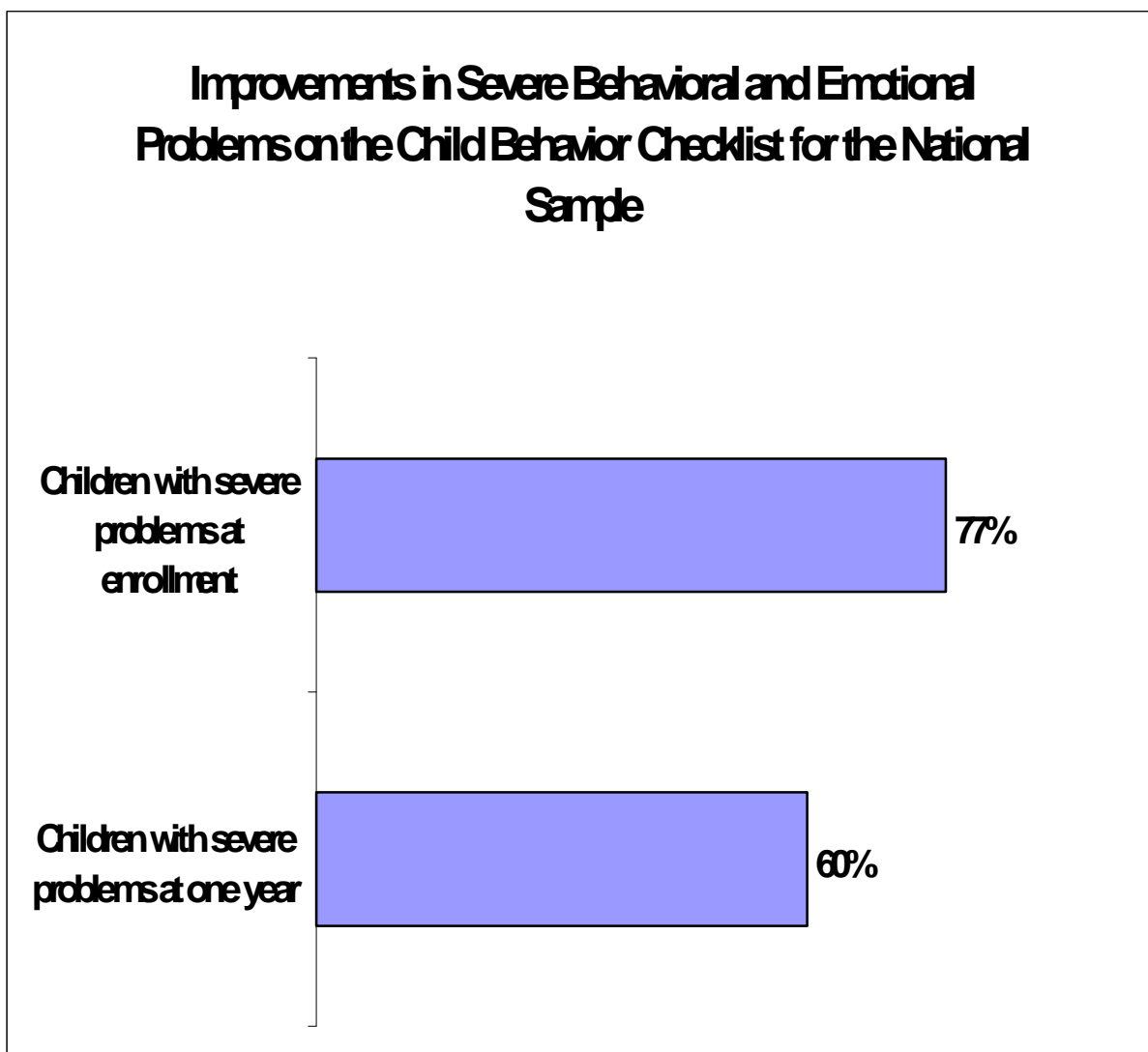
## SCHOOL ATTENDANCE IMPROVED

The number of children and adolescents attending school regularly (76% - 100% of the time) increased by 9 percent for the national sample (Macro International, Inc, 1998). and 10 percent for the North Carolina System of Care (NC FACES) between the point of enrollment and one year later (N = 203 for the national sample; N = 50 for NC FACES).



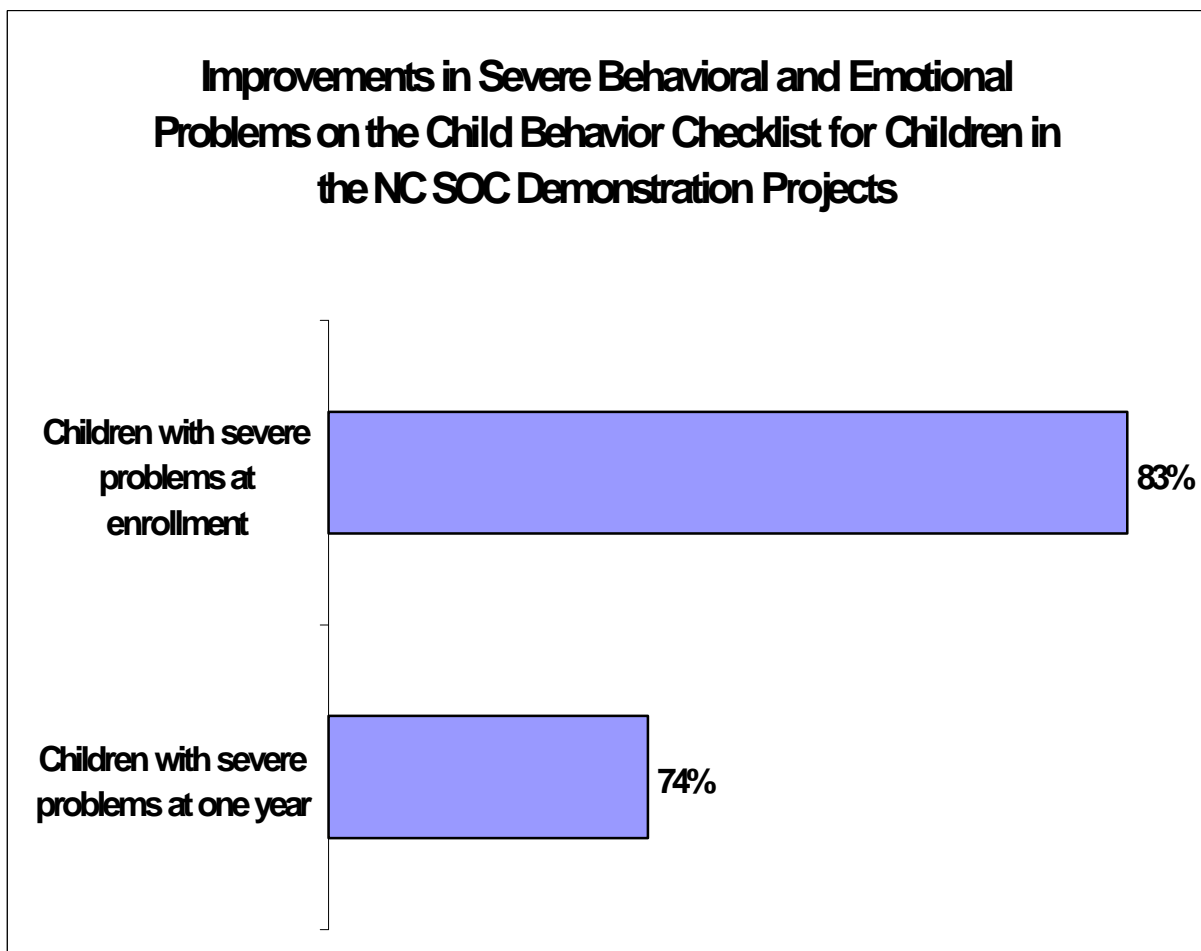
## **BEHAVIORAL AND EMOTIONAL PROBLEMS WERE REDUCED**

The number of children with severe behavioral and emotional symptoms (as indicated by a Total Problem score on the Child Behavior Checklist, a standardized scale that assesses social competence and behavioral or emotional problems, which identifies and quantifies child and adolescent behavior) decreased by 17 percent after one year in services for the national sample (N = 905) (Macro International, Inc, 1998).



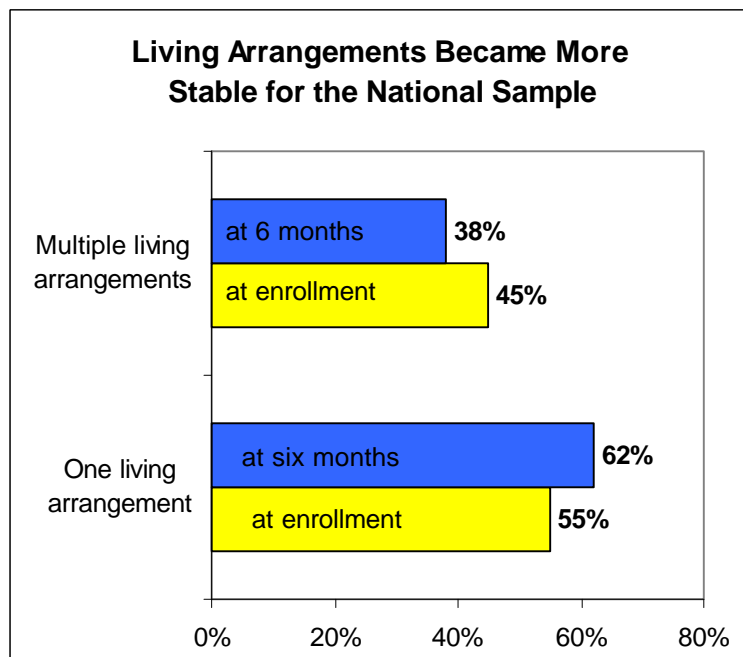


The number of children with severe behavioral and emotional symptoms (as indicated by a Total Problem Score on the Child Behavior Checklist) decreased by 9 percent after 1 year in services for the children in the NC System of Care demonstration projects (number of children=116)



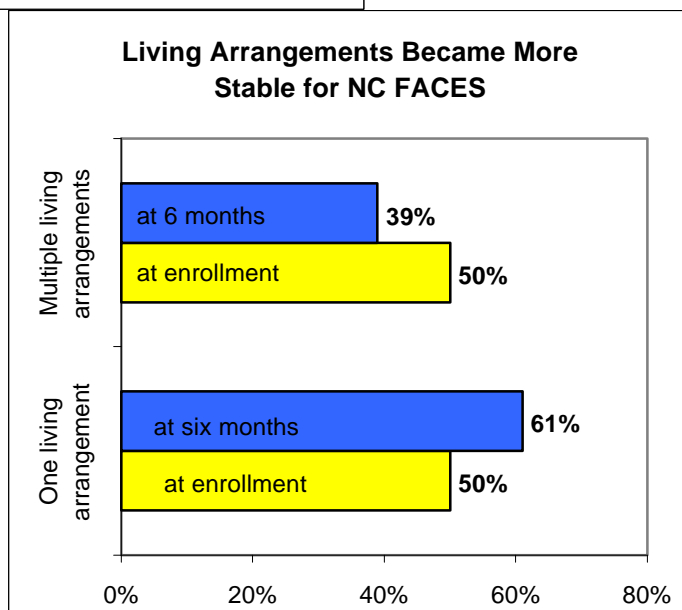
## STABILITY IN CHILDREN'S LIVING ARRANGEMENTS INCREASED

Caregivers were asked to enumerate all of the places including group homes, detention centers, and psychiatric hospitals, that children and adolescents had lived in within the six months preceding each interview. Living arrangements became more stable six months later for both the national sample (N = 470) and NC FACES (N = 98). The number of children who only had one living arrangement at enrollment increased by seven percent for the national sample and 11 percent for NC FACES six months later.



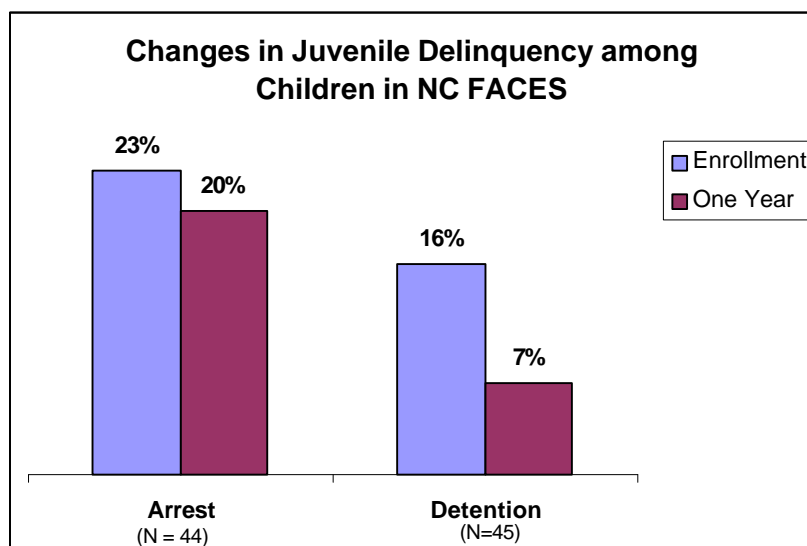
The percentage of children and adolescents in the national sample who had one living arrangement in the six months interval prior to interviews increased from 55 percent at enrollment to 62 percent at six months. .

The percentage of children and adolescents in NC FACES who had one living arrangement in the six months interval prior to interviews increased from 50 percent at enrollment to 61 percent at six months. .



## CHANGES IN JUVENILE DELINQUENCY FROM ENROLLMENT TO ONE YEAR

The percentage of children and youth in the NC FACES demonstration project who reported being arrested decreased by three percent after one-year (N = 44). The percentage placed in a detention center or jail decreased by 12 percent after one-year in the project (N = 45). For the national sample, the percentage in a detention center dropped by one percent after one year in an SOC project (from 21% to 20%, N=78) (Macro International, Inc., December 2000). Information on delinquency behavior was restricted to children and youth 11 years and older.



### Summary and Recommendations

An effective System of Care must be community-based, provide family supports and promote strengthening child and family functioning through a collaborative approach to service planning, implementation, funding and evaluation of outcomes. The needs of North Carolina's most vulnerable children, youth and families can best be met statewide through a System of Care. Implementing a System of Care approach promotes effective *prevention* and *early intervention* of serious mental health problems experienced by children and youth and their families as evidenced by the positive outcomes in essential life domains such as health, school and legal status. The data both nationally and for North Carolina supports this conclusion. System of Care is the best approach to ensuring healthy children and families in our state.

## References

Costello, E., Angold, A., Burns, B., & Behar, L. (1999). Improving Mental Health Services for Children in North Carolina: The Great Smoky Mountains Study. Raleigh: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

CMHS National Evaluation Data Profile Report, Grant Communities Funded in 1997 and 1998. Atlanta, GA: Macro International, Inc, December 2000 (Unpublished manuscript).

Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1998. Atlanta, GA: Macro International, Inc.